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RESPIRATION SUBSERVIENT TO NUTRITION.

BY E. LEIGH, M.D., TOWNSEND, MASS.

[Continued from page 439.]

THE idea generally entertained by physiologists, that respiration has special, if not exclusive, reference to the production of animal heat, has already been adverted to. The red corpuscles, or blood disks, have been supposed to be particularly related to this function of calorification. But here we at once meet with the striking fact, that the red corpuscles are wanting in the invertebrata. They have no blood, but only chyle or chyme. And in exact correspondence with this, we meet with the no less striking fact that they are cold-blooded animals, being, in a state of rest, absolutely cold, having no independent heat of their own, but receiving their temperature from the surrounding medium, and varying with it in all its changes. The fishes and reptiles, indeed, have also been called cold-blooded animals, but improperly. They do not, it is true, maintain a uniform temperature within themselves independently of, and in opposition to, the element in which they live. Their temperature varies with that of the water, for instance; but still, by their internal sources of heat, it is maintained above that temperature, often considerably above it. All the vertebrata, therefore, are warm-blooded animals, all have also red corpuscles, while the reverse is the case with the invertebrata, in both these respects. This settles the question, and shows conclusively that the primary office of respiration is not the production of animal heat. It has a more universal, more important office than this. The production of animal heat is only a secondary adaptation of this function to meet the wants of only one of the four great divisions of the animal kingdom.

But there is another view of this subject, bringing us to the same result, and thus confirming the above conclusion. Most of the lower animals are of so small size, and, being placed in water, (a medium which has so direct and powerful an influence in reducing them to the same temperature with itself), are so surrounded, and often filled and even permeated by this fluid, which, in the radiata, actually mingles in large quantity with their digested food, that they must of necessity remain always very near the temperature of the surrounding medium, even if they had sources of heat within themselves. In such animals calorification

cannot be the great end of the respiratory function. If it were so, then, in a vast majority of cases, this universal and all-important function would be virtually reduced to nothing. It must have a higher end.

But again, these lower animals, and especially such of them as live in fresh water, vary in temperature with the media in which they live, often to a very considerable extent, being sometimes near the freezing point—at other times more than 50° above. And though some particular temperature may be best adapted to each of them, still as many of them can live an active life at a temperature of forty, fifty, sixty and even seventy degrees, it is obvious that the little the temperature of their bodies would be raised above that of the water at forty or fifty degrees, would be of no very great importance. There must be some more important end for the function of respiration in their case, than the promotion of animal heat. This argument will apply even to the case of the fishes and reptiles, though they are warm-blooded animals, and their respiration has a calorifying object. For, in them, this adaptation is reduced nearly to its minimum, and they are approximated in this respect, very closely to the lower animals. The temperature of the fresh-water fishes varying so much with that of the water, and being never raised many degrees above it, it is obvious that the production of animal heat cannot be the chief object of their respiration.

Indeed, if we confine our view to the case of man alone, now that we have derived the idea from a comparison of the lower animals, we may judge that respiration has a higher end than calorification even in his case. Why is his respiration and circulation so much quickened by active exercise? Is it because more heat is required? by no means. And, on the contrary, why is not his respiration equally, or rather, more accelerated when he passes from a warm into a cold medium, if the production of animal heat be the chief end? And more than all, why is it that any considerable elevation of the surrounding temperature so much accelerates the respiration, when it ought to be rather retarded, if the production of animal heat is its only, or its chief, or even a primary object? This phenomenon is still more striking in the lower animals, the temperature of whose bodies is subject to so much variation, and in whom the respiratory function is more limited and less energetic. The respiration of fishes, for example, is very much hurried as the temperature of their bodies is raised with that of the surrounding water, and at length, when they become very warm, in hot summer days, they are often obliged to come constantly to the surface to obtain larger supplies of oxygen, by exposing their gills to the influence of the atmospheric air. Is this for the purpose of increasing their animal heat? or has this function a higher end,* the urgency and importance of which, at these times, quite transcends the subordinate one of calorification, so much so as actually to increase the animal heat, when it is already in excess, and needs to be diminished rather than increased.†

* The elevation of the temperature accelerates all the vital functions. This increased activity can only be sustained by larger supplies of nutrient material, which must be aerated in order to its complete elaboration. Hence the urgent demand for more oxygen even at the expense of the excessive heat which must thus be incidentally produced. See subsequent pages of this essay.

† It should be noticed in this connection that young animals consume much more oxygen than older ones, while their animal heat is not materially greater. Their vital functions, however, are in a much higher state of activity, and demand more nutrient material.

It may, therefore, be regarded as a settled point, that respiration as a function of organic life has another and a higher end than the mere production of animal heat. That in man with his blood circulation, with red corpuscles, and maintaining a uniform and independent temperature, this is an important secondary adaptation of this function, there can be no doubt. But its great, fundamental, office, essential to organic life under all circumstances, and existing universally throughout the whole animal kingdom, must be and is something different from this. What then is it?

The second and remaining answer, that has usually been given to this question, is, that respiration is essentially a decarbonizing process; the lungs and gills being excretory organs, serving to remove the useless carbon from the system. That, in man, this actually takes place to a great extent, is unquestionable. The same is true in the other types of vertebrata, though, in some of them, to a very limited extent. Many invertebrata also are known to give out carbonic acid in considerable quantities, when in a state of activity and excitement. The chemist is needed to make further and more minute and careful investigations. It may, perhaps, prove true that respiration always removes more or less carbon from the system, and that the various kinds of lungs and gills have originally and in their essential nature an excretory function connected with their other functions. The fact, however, that we have already a special organ, the liver, as an outlet for the useless carbonized elements of the blood, just as there is a special organ, the kidneys, to serve as an outlet for the useless nitrogenized elements, may raise a doubt whether the elimination of carbon is really one of the final objects of respiration. Moreover, it is certain that the *large* elimination of carbonic acid by the lungs of man and the higher animals is merely incidental to the calorifying function, it being necessary to remove from the body the carbonic acid formed in the process of maintaining animal heat. It is not a universal and necessary part of the function. But it is this large formation and excretion of carbonic acid, connected with the calorifying process in the higher animals, that has produced the prevailing impression with regard to the importance of this excretory part of the respiratory function. There is reason to believe that the small amount of decarbonization, which may be found connected with the respiration of the lower animals, is, also, only an incidental circumstance attending upon the primary office of this function. But even granting that decarbonization may be in itself one of the ends of respiration, and not a mere sequence of some more important process, is it *the* great end, or is there another and a higher one? The way is now open for an answer to this question.

[To be continued]

MEDICAL LECTURES IN HAVANA.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—I propose to send you some translations from a Spanish introductory lecture delivered before the medical class of the University

at Havana. The following is the title page, literally rendered into English.

"Inaugural discourse at the opening exercises of the first course of legal medicine and medical jurisprudence, pronounced at the Royal College of San Carlos at Havana, by Don Jose de Lletor Castroverde, Professor of Medicine and Medical Jurisprudence; Commander in the Order of America of the Royal Isabel the Catholic; Doctor in Medicine and Surgery of the Royal College of St. Charles of Madrid, and of the Faculty of Medicine of Montpelier; Fellow of the Board of Health of Paris and of the Royal Academy of Medicine of France; Fellow of the Royal Academy of Natural Sciences of Madrid and of the Imperial Academy of Rio Janeiro; of the Society for Medical Improvement of Paris; of the Medico-Chirurgical Society of Cadiz; and of various other scientific associations in Europe."

The professor is courteous and gentlemanly; of urbane dignity, debonair and chivalrous, and abounding in Castilian gallantry and grace. The Spanish government have conferred upon him a pension of eight thousand dollars per annum in consideration of medical services rendered, and his practice and lecture fees amount to as much more. He speaks English intelligibly, and is hospitable to strangers. His library comprises the best modern works in all languages. The address commences thus:

"In view of the respectability and dignity of the audience assembled before me, a tremor steals over my limbs and a sense of my own unworthiness almost compels me to abandon my design before commencing. But I am not animated by a motive of vanity nor a puerile desire for ostentation. My motive is not to exhibit a common-place and easily-acquired erudition; but I come incited by an honorable principle which ought not to be concealed. I design to be useful to the young men who have dedicated themselves to the noble profession of medicine, and who are anxious to acquire a knowledge of its principles. When I assume this chair I think of Pericles of old, who reflected that he was to speak before the Athenians. I remember that I am to address an assemblage of intelligent and studious young men; that there are among my auditors the professors of this institution, profound in wisdom and practised and faithful in imparting knowledge. But I am encouraged to attempt the elucidation of a department of medicine not heretofore taught in this place, in the hope of being able to establish a basis for the correct understanding of those principles which have been overlooked or misapplied, and by the neglect of which, in the language of the Royal Commission under which I hold my appointment, 'crime has escaped punishment and innocence suffered because men have not been able to discern the relation of cause and effect, and the dependence of supervening consequences, in the instance of wounds and felonious assaults and the results of mal-practice perpetrated by ignorance or design.'

"The institution of chairs of medical jurisprudence is of modern date. This department of medicine was first taught in Germany at the close of the seventeenth century. The French followed the example of the Germans about the end of the eighteenth century, when legal medicine was first taught at Paris by Mahon, and by Orfila, an illustrious

Spaniard, whose name is of repute in all the known world. The English did not commence to teach this science till the beginning of the present century. Dr. Duncan, at Edinburgh, was the first teacher. Medical jurisprudence was not taught in a regular and methodical manner in Spain until the year 1827, when the ministers of King Ferdinand the 7th appointed Pedro Castillo perpetual chief of the Bureau of Medical and Surgical Jurisprudence.

"As I speak before you to-day for the first time, and for the first time in public in this city, it is proper that I should present to your notice, in my opening discourse, the plan I propose to pursue and the principles I shall teach. I shall commence by giving you a summary of those branches of medicine which it is necessary to comprehend for the better understanding of our own department, and then I shall advert to the history and importance of the particular branch of the curriculum of study of this University which is confided to our chair. I cannot better sum up a declaration of my medical opinions than by quoting the following words from the celebrated Baglivio. "Ego liberam medicinam profiteor, nec ab antiquis sum, nec a novis; utrosque, ubi veritatem colant, sequor. Ego, ut Covis mos suit magni facio stepium reptitam experientiam."

"A love of humanity ought to be the first motive for the adoption of the difficult and honorable profession of alleviating pain, and the first duty of the physician is the investigation of truth. Such is the view we ought to take; and Plato has said, those who exercise this sublime art ought to bear themselves like gods upon earth. Indeed, the physician who aspires to bear worthily this glorious title, ought not to forget that a true acquaintance with his duties comprises a knowledge of the origin, nature and progress of human maladies, the expediency and the exercise of surgical interference, and the tendencies of the *vis medicatrix naturae* to forward his judicious attempts for the restoration of health. And there are moral characteristics necessary for the effective exercise of the duties of the physician, which shall pervade and enforce his medical intercourse and treatment. Do not imagine that medicine is a facile science. It comprises a knowledge of the human body in disease and health. It includes no small attainments in the physical, chemical and moral sciences. Surgery is an important adjunct; it offers mechanical aid to the physician, and may be properly denominated manipulative medicine. Anatomy, physiology and pathology are equally handmaids of medicine, and no one of them can claim preëminence. The dead body is not identical with the living man; the physician cannot detect the living essence of existence, and can only study vitality in its organic exercises. Morbid anatomy cannot *a priori* explain the pathological conditions, unless there has been opportunity to inspect the transition stages. Death is unable to render a reason for vitality; nor can it account for the disorders which have terminated in dissolution; and we cannot satisfactorily interrogate the knife of the anatomist, nor the chemistry of the laboratory, unaided by a knowledge of the intermediate acts, and without a rigid logical analysis.

"Paracelsus, who published the works of Galen and Avicenna, professed to fathom the secrets of nature by divination. Van Helmoncio

and Sylvius de Le Boe based their practice upon astrology and alchemy. Borely and Boerhaave applied the laws of mechanics to medical theories. Stahl explained psychical phenomena by the illimitable power of the soul superimposed upon the body, and acting as a conservative sentinel upon the corporeal manifestation. Cullen explained everything upon an exercise of the nervous force. Gaubo and Selle adopted the humoral pathology. Brown reduced all infirmities to the orders sthenic and asthenic; his notions were drawn from the ancient theory of The-mison, who ascribed every deviation to constriction and laxation. The illustrious Bartheus originated the idea of the vital power. Broussais charged all maladies to irritation of the solids. Rasori founded in Italy the school of counter-stimulation, and exaggerated the necessity of excessive medication, in striking contrast with the system of Hahnemann and the conceptions of homœopathia."

[To be continued.]

Attleboro', Nov. 24, 1852.

E. SANFORD, M.D.

SINGULAR CAUSE OF DEATH.

[Communicated for the *Boston Medical and Surgical Journal*.]

THE following singular and fatal termination of life in the case of Dr. Charles C. Sheppard, from an inoculated virus, may not be unacceptable or uninstructive to the readers of the *Boston Medical and Surgical Journal*.

Dr. S. was a young gentleman of steady habits, and of peculiarly mild and amiable characteristics in all his thoughts and actions. His temperament was the sero-lymphatic. Physically he was tall in stature, of "spare habit," and apparently weak in his limbs. He recently took his medical degree in one of our first medical colleges, and immediately afterwards commenced practising medicine in our sister city Hoboken, N. J. As "a beginner," his practice was, as usual, limited to the humbler classes of society. He was "called in" to attend a case of midwifery, and during the parturition of his patient, his hands of course were moistened with the secretions attending this effort of nature. With them he rubbed his lower lip, which happened to be affected with a fissure in its centre, arising from a cold, dryness, or some other cause. Immediately after doing so, his lip commenced swelling, superinduced, it is presumed, from some peculiar virus contained in the secretions—for the woman apparently enjoyed good health, and recovered as women usually do under such circumstances. The swelling from the lip gradually spread, until it had implicated the whole of his face and scalp with a sort of erysipelatous phlegmonous inflammation, which terminated his life in a few hours.

A similar accident occurred in Philadelphia two years since, which fortunately did not terminate in death, but deprived the physician of the use of his arm upwards of a year, fears being entertained that amputation would be necessary. The physician had inoculated a recent wound made by an *axe*, on his dexter finger.

Dr. Charles C. Sheppard, unknown to the medical profession in life, by his unfortunate death and its singular cause, may perchance be the means of proving a beneficial warning to medical men of the dangers attending carelessness, or rather the want of precaution, in obstetric practice.

New York, Dec. 18, 1852.

A. C. CASTLE, M.D.

POISONING BY TOBACCO.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I transmit to you a summary report of a case of poisoning from the use of tobacco, as I copy it from my note-book, which you are at liberty to dispose of as you think proper.

October 6th, 9 o'clock, P.M.—Was called, in haste, to visit the patient, a male child, *et. 7* days, previously healthy. Learned the following particulars. There had been given to the child, at about 8 o'clock, P.M., for the purpose of inducing quietness through the night, about two tablespoonsful of water impregnated with tobacco smoke (the smoke blown through a new pipe into the water, until the operator had become nauseated; and was strong enough to make the tongue of the mother "smart dreadfully," when tasted). The patient presented the following appearances. Entire system flaccid, pallid, eyes closed, comatose; pulse not perceptible at wrist, and action of heart scarcely so in precordial region; respiration spasmodic, deep, six per minute; deglutition difficult (impossible, except when the article to be swallowed was placed low in the throat); temperature high.

Treatment.—Gave a teaspoonful of wine; applied tr. camph. and aqua ammonia externally, but without any immediate apparent effect. In five minutes administered carb. amm., grs. v., in solution. This seemed to arouse the patient for a few minutes, and he breathed easier and oftener. Action of heart increased. Gave stimulating enema; and externally, frictions with stimulants.

9½ o'clock.—Gradually relapsed. Respiration and action of heart ceased; comatose. *Treatment.*—Transition baths; artificial respiration. Soon revived, so as to respire with a gasp. Heart acts. Carb. amm., grs. iii.

12 o'clock.—Was kindly assisted by my friend, Dr. S. Tuttle. Administered ether sulph. by inhalation. No material change.

Suffice it to say, that from 9 o'clock, P.M., of the 6th, until 4 o'clock, A.M. of the 7th (eight hours from the time he took the tobacco-water), the treatment pursued was stimulants externally and internally, with baths, &c., *pro re nata*, and artificial respiration (at least five hours of the time), when the patient, after having respired himself for about thirty minutes, suddenly expired, and no effort which we could bring to bear would arouse him. Electricity, and the nitrous-oxide water of Dr. Ziegler, might possibly have done it; but unfortunately, I had neither of them at my command at the moment.

Autopsy. Oct. 8, 11 o'clock, A.M.—Present, Drs. Hoskins and Weak. *Ext. Appearances.*—An unusual redness over the entire surface.

An ecchymosis about the occipital, and part of the temporal regions of the head. *Internally*.—Lungs engorged with venous blood. Heart, left auricle and ventricle filled with uncoagulated blood. Right, empty. Stomach, externally and posteriorly dark colored. Internally, contained about 3 j. of mucus, with a very little coagulated (or partially digested) milk. No odor. Mucous membrane slightly abraded in two or three small spots. *Brain*.—Membranes *highly* injected with blood. Intestines, liver, and other organs, exhibit no morbid appearances.

Respectfully yours, W. A. WEAKS, M.D.
McIndoe's Falls, Vt., Dec. 15th, 1852.

DR. STEPHENSON ON THE EYE.

[Communicated for the Boston Medical and Surgical Journal.]

THE following is an extract from Dr. M. Stephenson's Introductory to a course of lectures on ophthalmic surgery, delivered at University Medical College in the city of New York, Nov. 11th, 1852.

"In the present course of lectures, everything pertaining to the eye and its appendages, whether of an anatomical, physiological, pathological or therapeutical character, will be brought in strict review before you.

"Of all the complicated structures in the mechanism of man, what organ is there connected with it, that commands more of our wonder and admiration than the eye? I need hardly remind you of its extreme delicacy, of its exquisite beauty, or of its transcendent and wonderful powers. There is no one organ in the body, which evinces more and stronger evidences of a great First Cause.

"Let us examine for a moment, if you please, the various textures which enter into its composition. But first of all look at the deep bony cavern in which it is lodged; see the care with which the God of nature has protected it on all sides, like a sentinel who is shielded from danger by the impenetrable walls of his fort, on the approach of an enemy. A poet most touchingly refers to these ghastly recesses, when he says:—

"Beneath this moulder^{ing} canopy
Once shone the bright and busy eye.
But start not at the dismal void!
If pious love that eye emp^{oyed},
If, with no lawless fire it gleam'd,
But through the dew of kindness beam'd,
That eye shall be forever bright
When sun and stars have lost their light."

"How admirably are its appendages (the lids) adjusted to defend it from injuries, extraneous bodies and excesses of light!—so nicely and exactly are its refractive media arranged in consecutive lamina, that it has very justly been pronounced the most perfect of all optical instruments. Who can watch the involuntary movements of the iris in the act of defending the retina from the too sudden, intense and paralyzing influence of light, and not see the strongest evidence of design? Where do we find the radiating fibres more beautifully arranged than in the ciliary muscle so recently discovered by my distinguished friend, Dr. W. C. Wallace, of this city?

"Owing to the numerous tissues composing the eye, there are, as a matter of course, a great variety of diseases to which it is subject, all of which should be understood by the accomplished and well-educated physician and surgeon. Both the voluntary and involuntary movements of the eye are dependent upon the healthy action of, and proper balance of exceedingly delicate muscles, which in their abnormal condition require surgical interference. Its *mucous and glandular tissues*, so well designed to lubricate the eye and facilitate its countless movements, are exceedingly prone to inflammation and functional derangements. Then, again, the *nervous fibres* or tunics of the eye, like a harp of a thousand strings, may cease to vibrate. Its transparent window, the *cornea*—its *aqueous, lenticular and vitreous fluids*, more pellucid than a dew-drop, and more clear than a diamond, may lose their sparkling lustre and their transcendent brilliance. The *iris*, like a guardian angel, may withdraw its watchful care. The *serous membranes* may forget their individuality, and, in their amativeness, may form undue attachments for each other, resulting in annexations either in the anterior or posterior chambers. The *circulating fluids*, like so many meandering streams vivifying and invigorating everything in their onward career, are too often turned out of their legitimate channels, or are obstructed in their course."

ANATOMICAL ANOMALY.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—Having met with a remarkable anomaly in anatomy, which I have never seen described, I transmit you an account of it, as it may prove interesting to some of your readers.

In opening the abdomen of a subject for the purpose of demonstrating the viscera, I was struck with the unusual appearance of the parts. The stomach, the liver and the colon were the only viscera visible. The two former occupied their usual position, but the course of the latter was very much changed. Starting from the right iliac fossa, the ascending colon followed its normal course to the under side of the liver. The transverse portion of that intestine was directed obliquely across the abdomen towards the right lumbar region. The sigmoid flexure was unusually tortuous, and its last turn crossed the external iliac vessels at a very short distance within Poupart's ligament, running thence transversely and a little downwards, till it met the rectum, the relations of which were normal. There was no apron of omentum at all, and the anatomist will readily imagine the odd look of the empty lower belly, glistening all over with peritoneum.

On lifting the colon and tracing its connections, it was found that the great omentum descended from the stomach directly to the colon, and that the meso-colon passed backwards to the abdominal parietes, these two sheets of membrane enveloping the entire small intestines. The meso-colon was interrupted to form a membranous arch, about three inches broad, which sprang across the aorta, arising on the left from the

peritoneal expansion on the posterior abdominal walls, and becoming continuous on the right with the fold attached to the ascending colon and with the lower portion of the mesentery. The free edge of this arch was inlaid with a vein, and contained the *appendix vermiciformis*, stretched along its border. Through this opening the *ileum* got access to the *caput coli*. Through it also was protruded a small knuckle of reddened small intestine. All the other peritoneal reflections were natural.



a. Caput coli. b. Ileum.
c. Mesenteric arch, containing the inferior mesenteric vein.
d. The pouch of intestine protruding through the arch.
e. Colon held up by books which stretch the meso-colon, f, f, over the small intestines contained in the sac, causing them to throw that membrane into folds.
g, g. Sigmoid flexure.
h. Portion of colon crossing the pelvis to unite with i, the commencement of the rectum.
k. Right common iliac artery.
l. Left external iliac. The dotted line shows the course taken by this iliac artery and its primitive trunk as revealed by subsequent dissection.
m. Haemorrhoidal artery.
n. Sigmoid arteries.

All this singular arrangement was directly connected with an anomaly of the venous system. The haemorrhoidal vein in its ascent met the sigmoid and left colic veins at the usual point. Thence the united trunk passed across the abdomen towards the ileo-cecal valve, and this was the vein which was inlaid in the edge of the meso-colic arch already described. At the junction of this arch with the mesentery it united itself with one of the branches forming the superior mesenteric vein, and so continued up towards the liver. No irregularity could be detected in the arterial system of the abdomen, except that the inferior haemorrhoidal artery was unusually large.

The man in whom this irregularity was discovered, had suffered for a long time with a gastric affection. He had been treated at one of the hospitals of our city for gastritis, and had never, during his last illness, complained of any intestinal uneasiness. All his unpleasant sensations, which were never very violent, were referred to the stomach. Our attention was, therefore, directed to this organ, which was distended,

hard and lobulated. This condition was ascertained to depend upon the escapes of the injection through the lacerated branches of the gastric artery, so that the whole cavity of this organ was filled with it, and a perfect cast of the interior taken upon the surface of the mass of wax. On removing the injection and examining the interior of the stomach, a cancerous disorganization was detected occupying the greater portion of the less curvature of that viscus. Suppuration had opened a wide and irregular orifice in the centre of the diseased mass, and it was here that the arteries allowed the injection to escape.

No particular inquiry seems to have been made in reference to the general condition of this man's intestinal functions during life. All that we could ascertain was that there had been no difficulty in getting them to act during his final sickness, and that towards the close he had diarrhoea.

I am, Sir, yours, &c.

A. SNOWDEN PIGGOT,

Prof. Anat. and Physiology Washington University.
Baltimore, Dec. 7, 1852.

P. S.—I send you a rough sketch, which may give you some idea of the appearance of the abdomen when the colon was raised. I have drawn it in great haste from a few hints I took in the dissecting room.

LETTER FROM THE SOUTH. FEVERS—LEGISLATIVE ENCOURAGEMENT OF QUACKERY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—We have been visited by an anomalous fever lately, the particulars of which I will send you in a few days. I have regarded it as dengue, the offspring of yellow fever, but of this I am not entirely satisfied. Our fevers of late years seem to have changed their character and course very materially from those of former days. We now rarely see one of the old-fashioned bilious fevers, or bilious remittents, running its course *according to the books*; or a regular tertian, quartan, &c., with exact periodicity—but they are modified by seasons, locality, constitution of the weather, as well as the habits and constitution of the patients, requiring close scrutiny to trace their progress and apply the remedies. We have rarely to contend with the destructive yellow fever of old authors, of by-gone days—and with Rush bleed *ad deliquium*, to be followed by ten and ten of calomel and jalap, and oil and turpentine and blisters, &c., when if one in ten, or ten in a hundred, escaped death, it was counted successful practice, if not a miracle in the healing art. *Nous avons changé tout cela*, and breaking loose from the schools, and guided by common sense and experience, we order a hot alkaline or mustard foot-bath, hot lemonade or tamarind-water, slippery elm or boneset, the body to be sponged frequently with tepid water, &c., the bowels to be kept free by mild laxatives or lavements, cupping or sinapisms if necessary to relieve pain or congestion, and, it may be, full doses of quinine, and absolute rest and diet, and the patient re-

covers, hardly knowing he has been ill, much less attacked with the dread scourge, yellow fever.

As an eclectic, one might select a dozen articles from the *materia medica*, and practise the whole circle of medicine—the whole round of human “ills that flesh is heir to,” from yellow fever and cholera, to dropsy or a fit of the gout. The time is coming, yea, already come, when those mammoth drug stores, now so common all the world over, will be found as rare and useless as the fifth wheel of a coach. The good old times, too, when a physician was needed and respected in the community, and respected because needed, and when he could charge the full worth of his services and be promptly paid, is fast passing away. He is no longer regarded, in this progressive age, as one above the many, and sought after and employed as the conservator of health, and the arbiter of life and death merely, but he is looked upon and consulted as an artisan or an operative might be to patch up some broken engine or repair a seedy coat—and more especially he is too often employed because he *works cheap*. Not long since, I received a polite note from a gentleman to call on him with my *tools*, to perform some trifling operation appertaining to dental surgery, for which, when completed, I suppose he would have condescendingly paid as he pays his tailor or barber! Alas! Othello’s occupation’s gone, and the fifteen hundred medical students now congregated at the Philadelphia medical colleges, and the fifteen thousand elsewhere struggling to climb the steep “where fame’s proud temple shines afar,” had better go to the plough or the workshop, or the gold diggings in California, rather than attempt to practise medicine and surgery hereafter in the South and West. It is not worth the repose it will cost.

As a proof of human progress, I send you an exact copy of the lately-enacted medical law of Louisiana—comprehensive enough in all conscience—and which permits any one who presents himself or *herself* with a diploma, allopathic, homeopathic or hydropathic, eclectic or otherwise, and whether purchased, borrowed or stolen, to practise medicine and surgery in the State.

Be it enacted, &c. “That any person or persons having an authentic and genuine diploma from any chartered medical college or society in the United States, whether the same be allopathy or otherwise, shall be, and the same are hereby allowed to practise medicine and surgery or midwifery in this State, without having to procure any further license; and may charge, demand and receive for their visits, medicines and prescriptions, and medical services, the fees usually paid for similar services in the district or locality where said services may be rendered.”

Truly yours, &c.

F. B. P.

Ascension, La., Dec. 4, 1852.

MEDICAL LECTURES IN PHILADELPHIA.

[THE following letter, as will be seen by the date, was written before the one from the same writer inserted in the last number of this Journal.—ED.]

To the Editor of the Boston Medical and Surgical Journal.

SIR.—A few weeks since I gave you a brief account of some of the preliminary and introductory lectures in the medical colleges of this city. Now that things are fairly arranged, and the regular courses of lectures in all the colleges in *full blast*, perhaps it will be interesting to some of your readers to know how they progress.

Nov. 18th.—I attended two lectures at the Philadelphia College of Medicine. The first was on Chemistry, by Dr. Carr. He is a fluent speaker, never at a loss for words, and reminded one of the *bet* which was once said to have been made in Congress by two members, who agreed to speak an hour each without advancing an idea. This, however, was not exactly the case with the lecturer, for he did advance some very good ideas. His subject was that very fertile one, *carbonic acid gas*, and when he had spoken a few minutes, he seemed to have *used it up*—then (as every professor must lecture an hour) he talked the residue of the time about going down into wells and pits, where this gas is often found, and dying there, just because they did not know enough of chemistry to send down, previously to entering, a *lighted candle*. I was informed by a student that the professor had been a *popular travelling* lecturer, which sufficiently accounted for his *verbosity*; it being generally understood that it does not make much difference *what* a man says to a popular audience, provided he *keeps on saying*.

The second lecture was by Professor Bryan, on Surgery. He took up wounds—contused, lacerated, incised, gun-shot, poisoned. Dr. Bryan is a very respectable lecturer—appears gentlemanly, uses no unnecessary or unmeaning words, and what he says may be relied upon. He gave an instructive lecture, interspersed with amusing anecdotes. But the most amusing part of the whole was his *quiz* of some ten minutes at the commencement. About one in five of the names called, responded. Whether they were present or not, seemed to be *problematical*. There is something very peculiar about medical students, when they do not wish to be *quizzed*. They are apt to be *non sunt*.

Nov. 23d.—Attended Dr. Patterson's lecture on *materia medica* at the Pennsylvania College. Prof. P. is a small, sensible-looking man, but a *hard* speaker—that is, he cannot deliver a lecture with that ease to himself apparently which is very desirable in a public speaker. For him to lecture seems to be "*hic labor, hoc opus est.*" He was upon the subject of diuretics, and gave the properties of caraway seeds, parsley, broom, water-melon seeds, flea-bane, copaiba, cubeb, &c. &c. The lecture had no very peculiar characteristics. Your readers may recollect that in a former communication, I spoke of this college as being under the guidance mostly of *young* men. They are active and persevering, and their prospects are encouraging. It would seem to be no small matter to build up a new college directly under the shadow of the time-honored *University* and the all-absorbing *Jefferson*. Yet such is the flow of medical students to this metropolis, that there can be but little doubt of the ultimate success of this comparatively new institution.

Nov. 30th.—To-day attended Dr. Jackson's lecture at the Univer-

sity. You are, probably, aware that this College, being the oldest in the city, is called a little more *aristocratic* than any of the others. However this may be, the most of the professors are *venerable* men—men of *age* and *experience*; and, it would not be the most marvellous thing in the world, if they did not altogether like the idea of being outstripped in numbers by the Jefferson. But, as *numbers* are not always sure indications of the right, or *the best*, we will pass that subject, and speak of the Professor's lecture. By the way, I ought to say first, to give the true standing of Professor Jackson, to those of your readers who do not know him personally, that he is *the man* who was selected, above all men in the nation, to visit Henry Clay at Washington, and who, according to the newspapers (I would not say *really*, for the papers sometimes make a *mistake*) gave a very *bad prognosis* in the case of that great man. Pity he should have done it, because old men, and, especially, old professors, advise their pupils to be *guarded in their prognosis*—but, then, again, it does not make so much difference, if a man's name is *up*. Then, how many *prognoses* are passed by, as things of little moment. When the writer entered the hall of the University, he found about four hundred pupils, many of them rather rough and uncouth; sitting, mostly, with *hats on* (supposed to be real quakers; or, at least, *fresh-water ones*, so far as being uncovered was concerned). Dr. J., the modern *Nestor* of the profession in this metropolis, was lecturing, with, as he said, not quite his usual energy (being unwell), upon *the coloring matter of the bile*. He said—"not being as vigorous as usual, he scarcely dared to encounter *the bile*"; nevertheless, he gave some very good and lucid ideas upon this subject, principally selected from Simon and Liebig. Prof. J. has some of the marks "of old father Time" upon him; though he has so managed, as to prevent that old gentleman, who has eventually triumphed in all ages, from grasping him very hardly *as yet*. It takes him *longer to start*, than it usually does a young man; but this seems to be pretty considerably well compensated for by the fact that, when once started, he runs like a clock.

The next lecture which I attended was that of Prof. Dunglison, on the physiology of respiration, miasma, deodorization, hygienic or sanitary measures, &c. &c. The Professor is a true Scotchman—a real worker, short, or rather not tall, a fiery eye, a florid countenance, a bushy head of hair well besprinkled with gray, with a tongue as ready and as fluent and as perfectly *hinged* as that of *a woman*. I think I have rarely, if ever, heard a man utter more words in one hour than the Professor did in his. He gave us his opinion upon a great variety of subjects, as he seemed to be led into rather a *miscellaneous*, than a continuous train of thought. He had all the questions which were addressed to him by the municipal authorities of Philadelphia, with their answers, at the time the cholera was in this region.

There were certainly six hundred students present. There are some customs prevailing here which partake a little of barbarism. One of these is the stamping and scraping, hallooning and hissing, whistling, and every other outlandish kind of *irritation* that can be imagined, with which the class seem to feel themselves bound to salute their pro-

fessor, when he enters the lecture-room. This was kept up for some five minutes, when Professor D. entered; and it was gratifying to hear him say, at the close, he must keep them long enough to regain the time which they filched from him at the commencement.

I have since heard Dr. Jackson lecture, when in better health, and he redeemed his character as a lecturer very much. He is active, and unusually sprightly for a man of his years. He keeps up with the ever-teeming new discoveries in physiology. Really the old University has considerable stamina left yet, notwithstanding there are so many new colleges sucking away her life-blood. Their apparatus is fine—perhaps the best in this country. More anon, Yours, &c. *

Philadelphia, Nov. 16th, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 29, 1852.

Medical Journalism.—Numerous as medical periodicals are in the United States, new ones are coming into the field, but with what hopes or prospects of success has not in all cases been disclosed. An intention to make a Journal the herald of individual fame is suspected in some of them, and not without cause. But efforts of that kind to glorify a particular individual at the expense of others, or make a man of fame out of poor materials, invariably fail of success. There is a plain, straight-forward course in conducting a Journal, and that consists in doing equal justice to all, frowning down selfishness, and giving reliable intelligence to patrons, regardless of the snarls of disappointed adventurers, or envious contemporaries. Some of the Medical Journals of the United States are passing into new hands, and others are undergoing modifications supposed necessary to meet the phases of the times. In regard to ourselves, we shall continue in the even tenor of our way, wishing well to all our contemporaries, without interfering with the business or literary relations of other persons or publications.

Anesthetic Agents.—A pamphlet from Hartford, Conn., on the discovery of the applicability of nitrous oxyd gas, sulphuric ether and other vapors, in surgical operations, by the late Dr. Horace Wells, has been received. So much has been written on this subject, that we are beginning to loathe the sight of every page that is added to the wagon loads of bulletins that deluge the country. If Congress would give all the claimants for a reward a hundred thousand dollars a-piece, and each would obligate himself never to write another line about ether, it would certainly be a relief to editors. This is not said in ill-temper towards individuals, nor in disparagement of the ether discovery, for we are as thankful for the blessing as others; but the perpetual sight and sound of an apparently undying controversy, is annoying beyond expression. Our subscribers long ago gave us unmistakable notice of their unwillingness to take another dose. We therefore beseech correspondents never to forward another line for the Journal touching the mooted question of who made the discovery, if they have a particle of compassion upon us or any interest in the stability of this establishment.

Certainty of Medicine.—Dr. Bryan's introductory lecture before the Philadelphia Med. College, fully sustains his growing reputation. He is beginning to be a miracle of industry in medical matters; the press is often sending out something from his prolific pen. Dr. B. seems to have found more certainty in the practice of surgery, than in the administration of drugs. In a word, if we understand him, there is no certainty in medicine beyond what is based on a most thorough and complete knowledge of the properties of the articles given; the structure and constitutional circumstances of the patient; the conditions of the climate; the chemical combinations and changes that take place in the stomach by the introduction of supposed remedies for undefined diseases; and, lastly, the experience, learning and tact of the physician—so that, in the end, there is some uncertainty associated with the certainty of medicine. It requires a disciplined mind to trace out all the whys and wherefores that present themselves in the practice of physic; and by reading this discourse, some aid may be obtained in doing this. Therefore, we recommend to those into whose hands the pamphlet falls, to give it a deliberate examination.

American Medical Society in Paris. To THE EDITOR.—Dear Sir—Having recently become a member of the "American Medical Society in Paris," and knowing the interest which you feel in those institutions which have for their object the promotion of medical science, I herewith send you a list of the society for the ensuing term, with a brief statement of its condition. The officers are, *President*, N. J. Pitman, M.D., N. Carolina; *1st Vice President*, H. B. Walton, M.D., Maryland; *2d Vice President*, W. A. Conway, M.D., Louisiana; *Corresponding Secretary*, D. R. Haynes, M.D., Dist. Columbia; *Recording Secretary*, K. W. Gibbs, M.D., S. Carolina; *Treasurer*, W. E. Johnston, M.D., Ohio; *Librarian*, J. Wilkins, M.D., Maryland. The number of active members is sixty-seven. The society, although in its infancy, is nevertheless in a prosperous condition. There have been several contributions towards the formation of a library; and American medical authors would confer a lasting benefit, if they would enrich the library by their productions. May they not be *unmindful* of the society; for it is numerically larger than any of the other foreign societies here, and its basis should be as firm.

The faculty of medicine opened their winter course, last week. M. Piorry pronounced a eulogy upon M. Fonquier, which was worthy of the head and heart of its illustrious author.

Respectfully,

A. B. H.

Virginia Medical Journal.—Geo. A. Otis, Jr., M.D., formerly of Boston, a man of promising talents and industry, one of the junior members of the profession, will assume the editorial charge of this Journal. This periodical is established under the auspices of a number of the most eminent physicians of Virginia, and no exertions or expense will be spared in order to make it a fit vehicle for the expression of the opinions of southern physicians, and a fair representative of American medical periodical literature. Its chief feature will be a careful digest of foreign intelligence derived from the chief English and French Journals.

We congratulate our young friend on his entrance upon an editorial career. It will not be without a multitude of anxieties; and if he happens to run counter to the selfishness of somebody who is willing to be written

into celebrity, without an effort of his own, may the destinies watch over the editor.

Malaria.—It is always gratifying to hear from medical gentlemen of the South. They are generally close observers and fearless writers, and energetic in sustaining their well-digested opinions. This of course gives spirit to their published productions. But they should write more of them, and send them abroad much oftener. In May last, S. S. Satchwell, M.D., of New Hanover Co., North Carolina, produced an essay on malaria, that was read before the Medical Society of North Carolina, at Wilmington, which has been printed, and a copy received by us. We would gladly extract one or two pages from this erudite pamphlet; but our limits will not permit. We can therefore only say, that if any have a desire to study it, by addressing a note to its talented author, copies might be readily procured. The closing remarks of Dr. Satchwell are here given. "This vigorous agent of death, malaria, continues its ravages in many of the fairest regions of the globe. It continues to produce the malarious physiognomy; the jaundiced eye, the tumid abdomen, the depressed spirits, the stunted growth, and the shortened life, characteristic of so many persons who live in a malarious region. Under the influence of the domain of agriculture and of enlightened views of hygiene, it is losing its hold more and more in many of its old accustomed haunts. But still, its destructive ravages are witnessed and felt to a great and fearful extent."

Chemically Pure Alcohol.—Mess. Philbrick, Carpenter & Co. chemists, of Boston, have invented a perfectly new process for the purification of alcohol, which excludes every foreign matter, even fusil oil, which has been a desideratum in medical preparations. As the cost is a mere trifle more than the inferior article, druggists and practitioners will gladly avail themselves, it is presumed, of the prospective advantages of this intelligence.

Singular Medical Organization.—At Galesburg, Illinois, a medical association was recently formed under the name of the Knox County Medical Society, which seems to have fewer resident than foreign members. Appended to the constitution is a list of associates, running thus—A professor of St. Louis University; one of the Missouri University; the Ohio Med. Institution; the University of Pennsylvania; the University of N. York and the Jefferson Medical College. How gentlemen residing thus remotely can exert much personal influence to promote the special objects contemplated in a country medical society, is not readily seen. Some years since, at Harvard College, a society of imaginary dignities used to elect, in sport, distant members, and a part of the enjoyment at their evening convivials was to read the grave letters of thanks from savans in Europe, returning thanks for the honor of their election.

Death of a Surgeon.—Dr. Justus E. Stevens, of this city, who was surgeon of the 9th Regiment in the Mexican war, was buried Wednesday afternoon with military honors. The funeral cortege was large and imposing, and testified strongly and most honorably to the worth and character of the deceased. Appropriate religious services were held at the residence of Dr. Stevens's father, in Howard street, conducted by Rev. Mr. Streeter, Gen. Franklin Pierce, President elect, Judge Caleb Cushing, Maj. Lally,

Maj. Pitman, Col. I. H. Wright, Lieuts. Roberts, McKim, and others who were with the deceased in Mexico, were present, together with the Ancient and Honorable Artillery Company and the Boston Independent Fusileers, to both of which corps he formerly belonged. The procession followed the remains to the cemetery in Charlestown, the escort being performed by a detachment of 16 men, commanded by Lieut. F. A. Allen, from the Ancient and Honorable Artillery, followed by the Boston Brigade Band, while the rest of the company, with the Independent Fusileers, marched as mourners. The customary three volleys were fired over the grave."

The foregoing account is taken from the Transcript. It is copied on account of the interest the medical staff, who were the companions of the deceased in Mexico, will naturally feel in the melancholy record of Dr. Stevens's death. We sincerely sympathize with the bereft father, who in his old age is suddenly bereft of a son of whom he had reason to be proud. Many of the army surgeons who were in Mexico, returned home with enfeebled constitutions, and some of them have gone down to the grave in early manhood, victims to the hardships and exposures incident to a military life in active service.

American Medical Association.—It is extensively known that dissatisfaction was manifested at the last meeting in regard to the organization of this national body, which has resulted in bringing out a long series of proposed amendments to the constitution. Unfortunately, they are too many and too long for our pages, without excluding every thing else. When the anniversary approaches, it will be seasonable enough to present the prominent points, and open the way for a fair discussion, if any is demanded.

Finch's Obstetrical Supporter.—A medical gentleman in western New York very much desires to have the following questions answered by those competent to do so. We have the apparatus alluded to, but have had no opportunity to test its usefulness. From the accounts given, that it is extensively used, some disinterested practitioners must be qualified to give an opinion that will be satisfactory to our correspondent. He says—

“Will you give *your* views to the public (or if not to the public, to myself), as to the practical value and importance, if any, of ‘Finch's Obstetrical Supporter,’ &c.? What I wish to know (and so do many others of the profession), is, whether it is of any practical value, or whether, like many other *soi-disant* inventions and improvements, its *merits* exist solely in the imagination, and its *sale* depends *alone upon advertising* and the ingenious representations of those interested in the sale? For myself I am not in circumstances to feel able to pay \$15.00 (the price), to ascertain whether I have been duped or not. Will you, Mr. Editor, or some one who *knows* and is *disinterested*, give us the information desired, and **MANY READERS.**”

The late Dr. Daniel Drake.—The death of this distinguished physician and medical author has already been alluded to in our pages. The following brief notice of his last sickness and the respect paid to his memory in Cincinnati, the place of his residence and death, is from the Western Lancet.

“Professor Drake had been subject, for a number of years, to attacks of

cerebral congestion, which he ascribed to malarious origin. His last illness commenced as an ordinary influenza, which had been prevailing in this city for a number of weeks; and following this, his cerebral disease supervened, with more than usual violence. He had also been exposed to the atmosphere of typhus and typhoid fever, which, it is believed, had contaminated his system. Like physicians generally, he was too much inclined to prescribe for himself; and, with a mind somewhat out of equilibrium from the cerebral disease, he occupied the most precious time, and perhaps the curable period of his disease (if such existed), without the counsel of a medical friend. Soon it was perceived that his system was becoming rapidly prostrated, and his own perception taught him that death was near at hand. The cerebral congestion rapidly increased, and for a period of twenty hours prior to death, he was profoundly comatose. Death released this great man from his earthly pilgrimage on Friday evening, the 5th day of November, at five minutes before six o'clock, P. M.

"It is not our purpose now to write a history of the life, nor to expatiate on the character of Professor Drake: we have not now the material, nor is this the time for such an article; but at some future period we expect to be able to lay before our readers an account of the principal events of his long and useful career. We have never known so many tokens of respect bestowed on any member of our profession, as have been manifested in relation to the deceased. All of the medical bodies of the city, together with those of Covington, the University of Louisville, and our citizens generally, held meetings, and passed appropriate resolutions expressive of their regard for the illustrious deceased."

Medical Miscellany.—Smallpox has made its appearance in western New York, and at various other points. It has been prevailing extensively at Jamaica, among the laboring classes, but was subsiding at the last advices.—Deaths by pulmonary consumption are appalling, according to the bills of mortality, throughout the country.—The meat biscuits invented in Texas, are selling at a rapid rate in England, and they ought to be more highly prized at home.—Dr. S. Humes, of Lancaster, Pa., who died lately, bequeathed \$2,000 towards erecting an asylum for the reformation of drunkards.—At the late celebrated meeting of German Naturalists, at Weisbaden, Dr. Posner read a paper on the influence which the medical profession ought to exercise on the hygienic condition of their fellow men—but they have very little in the United States, being rarely ever connected with health commissions or called in for scientific advice either in town or country, by legislative bodies.

DIED.—In Franconia, N. H., 8th inst., Dr. John C. Colby, aged 49.—In West Swanzey, N. H., 18th inst., Napoleon B. Barton, M. D., aged 31. This is the death of the third physician out of the same family that we have been called upon to chronicle in the short space of 22 months—the father and two sons.—In England, the celebrated Dr. Gideon A. Mantell, a geologist and eminent writer, aged 62.—At the University of Kiel, Germany, Dr. Pfaff, aged 76.

Deaths in Boston—for the week ending Saturday noon, Dec. 25th, 85.—Males, 44—females, 41. Accidental, 3—anemia. 1—inflammation of bowels, 2—disease of the brain, 1—congestion of brain, 2—burns, 4—consumption, 14—convulsions, 1—croup, 5—diarrhoea, 1—dropsy, 1—dropsy in head, 3—infantile diseases, 4—puerperal, 1—exhaustion, 1—erysipelas, 1—typhus fever, 3—typhoid fever, 1—scarlet fever, 12—gangrene, 1—hooping cough, 2—disease of heart, 2—inflammation of the lungs, 8—disease of the liver, 1—marasmus, 2—measles, 1—palsy, 2—pleurisy, 1—serofulsa, 2—unknown, 2.

Under 5 years, 30—between 5 and 20 years, 14—between 20 and 40 years, 23—between 40 and 60 years, 12—over 60 years, 6. Americans, 32; foreigners and children of foreigners, 53.

Fossil Elephant Exhumed.—The following account of some huge fossil remains lately discovered at the West, is from a recent number of the Zanesville (O.) Courier. We hope soon to see a further description of these mammoth bones.

"A highly interesting discovery of what is termed the "Fossil Elephant," was made yesterday, on the line of the Central Railroad, in the river bank, near the residence of B. Vanhorne, Esq., in the eastern portion of our city. The parts exhumed, and the appearance of the gravel bank in which this was found, indicate that an entire "Monster" of this species has been embedded in this place, the fossiliferous remains of which are in a natural and tolerably good state of preservation. This is the third of the same species that has been discovered in the same bank within a few years past, the leading features of each being distinctly marked, so as to prove that three, at least, of these extinct animals left their remains within the boundaries of this city.

"The one found yesterday was in much the best condition, and may, when completely examined, show almost the entire bones and frame of the huge monster, much beyond, perhaps double the size of the living Asiatic or African Elephant. The molar teeth, four in number, all that the species possess, were found in the jaws sound and unbroken, and two weigh 20 pounds each, and two fourteen pounds each. The tusks were not in as good condition, one only being sound enough to bear moving. This one, eight feet in length, measured at its base 26½ inches in circumference, and at the point, eight feet distant, where it is broken off, 16½ inches in circumference, the whole length of which was twelve feet or more. We learn that it is intended to postpone the exhumation of the other portion of the remains for a day or two, in anticipation of the arrival of John W. Foster, Esq., United States Geologist, from Lake Superior."

On the Hereditariness of Phthisis. By DR. HERVIEUX.—Dr. Hervieux's object is to contribute some facts towards the solution of the question, as to the mode in which tubercles are propagated from parent to child, and at what period these become developed. He quotes the results of 711 autopsies made at the Hopital des Enfants Trouvées. Of this number, about 400 were less, and three hundred more than 15 days old. Of the 711, tubercles were only found in 32; a fact sufficiently remarkable for those who know the frequency with which tubercles occur in young children. But it is to be observed, that these 32 cases are not equally distributed among the 711 children; and the chief value of the present communication lies in its insisting upon this distinction. Thus, among the 400 children who had not passed their 15th day, tubercles were only found in 2; one 11, the other 13 days old. In the other 300 children, they were found 30 times—viz., 8 times in children from 15 days to one year; 8 times in from 1 to 2 years; 10 times in from 2 to 3 years; and 4 times in from 3 to 5 years (very few children above 3 years being, however, received into the infirmary). Examining the distribution of the cases which occur between 15 days and 1 year, we find none prior to the 4th month; 1 at the 4th, 1 at the 6th, 2 at the 9th, 2 at the 11th, and 2 at the 12th. Thus the rarity of tubercles in infants extends not only to the first fortnight, but the first four months—the parent evidently only transmitting the predisposition to disease. In private practice it may be expected to be still longer.—*Rev. Med. Chir.*, vol. xi. p. 331.